

## ISSUE SLIP STAPLE AREA (for additional cross references)

POST	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER:</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			
Request 925			
JC5/703 05/10/70 08-29-01			

**BEST AVAILABLE COPY**

**INDEX OF CLAIMS**

Rejected	N	Non-elected
Allowed	I	Interference
(Through numeral) Canceled	A	Appeal
Restricted	O	Objected

Claim	S	V	Date
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If more than 150 claims or 10 actions  
staple additional sheet here.

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